necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medicol Exominer's Office along with form PIM3. Page Deportment of Heolth or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State.

y delay is and 3 to

in pencil in Item 18. Give Pages 1.

This certificate should be executed within 24 hours after death. If

necessory, please execute the certificate, writing the ward "pending"

TO DEPUTY MEDICAL EXAMINER:

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15978

1.	PLACE OF DEATH					2. USUAL RESIDENCE	(Where de			ence befar	e admissi	on)	
		merset		MARYLAND		a. STATE Mar	ylan	d b.	COUNTY	ome	rset	;	
	b. CITY OR TOWN (If autside corporate limit	s,	c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If	autside car	porate limits, write	RURAL and g	ive neares	t tawn)		
1	Crisfi	give nearest tawn)		2 weeks		Reh	obet	h			19.	. /	
		AL OR INSTITUTION (If no	at in hospital, g	give street address)		d. STREET ADDRESS					e. IS RESI		
1	Edw. W.	McCread	y Memo	. Hospital		_					YES	NO X	
3.	NAME OF DECEASED		rst	Middle		Last	4. DA		Manth	Day		ear	
	(Type or print)	ELIZAB		ELLEN		BELL	OF DE/	ATH NO	OV.	13		67	
S.	SEX	6. COLOR OR RACE		NEVER MARRIED		DATE OF BIRTH		9. AGE (In year	rs IF UNDI y) Months	R 1 YEAR Days	Haurs	R 24 HRS. Min.	
I	Temale	White	WIDOWED	DIVORCED [] A1	ag. 22, 1	892	75 y	rs.	Duys	110013	Will.	
100	a. USUAL OCCUPATION ring most af warking	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stat		in cauntry)	12.	CITIZEN OF	WHAT		
	поизеч	vife	IIN	D03(K)		Crisfie	ld			OUNTRY 3	USA		
13.	. FATHER'S NAME		3 FL 1 E			14. MOTHER'S MAIDEN				100	19		
	Willia	am H. Lew	is		201	Amanda E	vans						
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. INI	ORMANT			Address				
("	No No	(If yes give war ar dates	n service)	None	Sid	ney C. B	ell,	Rehol	beth,	Md.			
		ATH (Enter anly one cal		1 11 1 11			4 150				ERVAL BE		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of gastric contents										minutes"		
	7 27 / DUE TO									-	C		
	Conditions, if ony, which gave rise to immediate couse (a), (b) Vascular insufficiency									5 :	5 yrs.		
	stating the under												
	last.			estive hea									
N				O DEATH BUT NOT RELATED	TO TH	TERMINAL DISEASE C	ONDITION	GIVEN IN PART 1(d)	19.	WAS AUT PERFORM	OPSY MED?	
STIC		ured righ	100							У		NO X	
MEDICAL CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI	USE WAS	20b. DE	SCRIBE HOW INJURY OCCUR	RED. (Er	ter nature af injury i	n Port I or	Part II af item 18	5.)				
LGE	CAUSE OF DEATH.		Fel	l in hospi	ta:	L, fract	urin	g right	t hip.				
DICA	20c. TIME OF INJU	JRY Manth, Day, Year	20d. IN	UJURY OCCURRED 20e	PLACE	OF INJURY (Home, fa	rm, 20)f. (City or taw	n) (Caunty)		(State)	
ME	6 Hourxox	Nov.12 19	57 at work	Not While M C	Cr	eady Hos	D.	Crisfie	eld S	Som.	N	Id.	
				nains described abave								opinion	
				, Accident ,							4.7		
			2	1		CHIEF MEDICA							
10	SIGNATURE	all	ant	ey		M.D. ASSISTANT MI					22. DATE		
	EXAMINER'S					DEPUTY MEDI	CAL EXAMI	NER 🔀		- 4	16/		
	NAME (Type)	C. G. R						wn, ar caunty)		riel	α,	Md.	
	BURIAL, CREMATIC			Rehobeth R	ers i	CIXCIXIXIDENTX X	F	Rehobet	nr Tawn) h	Som.) (State) Md.	
2	FUNERAL DIRECTO	H. Watson		ADDRESS			D BY REG		. REGISTRAR'S				
	2 Miles	- N Trait	San	Pocomoke	Cit	y, Md DATE	NO	V 2 0 19	67 yr	long	By Q	udar	

VR A15ME (5) 6M 1/66

TANDA SE SENSE LE LES MESSEL DE LA LICE DE LICE DE LA LICE DELLE DE LA LICE DE LICE DE LA LICE DELLE DE LA LICE DE LA LICE DE LA LICE DE LA LICE DELLE DE LA LICE DELLE DE LA LICE DE LA LI STATE OF STREET THE PERSON NAMED IN THE PERSON NAMED IN COLUMN tone spice. I glidround and a light William E. Donald Market and the property of the first of the second of the THE STATE OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15979 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Somerset Somerset MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, Rural: Princess Anne requires that the death certificate be executed within 24 haur e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Route #2 YES - NO event, with carbon 3. NAME OF 4. DATE First Middle Year DECEASED OF November Charles Boston Sr. 23 19 67 Stephen (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthdoy) Hours white April 18,1893 male WIDOWED and in any DIVORCED puo 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? **INDUSTRY** signed by the attending physicion burial-tronsit permit. Then pleose burial, cremation, or removal and i Somerset Co., Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Harmison Boston Elizabeth Laird 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service Mrs. Irene Boston, Princess Anne, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for to), (b) and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse be retained by the hospital or ottending os the prior to hos been last ATTENDING PHYSICIAN: The law WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? etached for use Dept. of Health p CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While at work of work pe 21. I sertify that (1) (this haspital) attended the deceased fram. director, page 3 should M. fram causes and an the date stated above saw the deceased alive on and that death accurred at 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. 11/25/67 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Poge 4 may 1 Medical Center, Salisbury, Md. NAME (Type) David J. Gilmore, M.d

20 M 1/66

Burrey AL (Specify) 11/25/67 FUNERAL DIRECTOR

23o. BURIAL, CREMATION

23c. NAME OF CEMETERY OR CREMATORY St. Andrew's ADDRESS

Princess Anne

23d. LOCATION (City or Town) (County) Princess Anne, Somerset Co

2So. REC'D BY REGISTRAR

THE REPORT OF THE PROPERTY OF THE PARTY OF T Sharles would be stone with of the teach, was in water in

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15988

CERTIFICATE OF DEATH

15980

				CERTIFICATE	OI DEAIL		4	0000		
1.	PLACE OF DEATH				2. USUAL RESIDENCE (W	/here deceased lived, if institu		e befare admissi	on)/	
	a. COUNTY	0		MARYLAND	a. STATE	b. COL		Managahan		
H	h CITY OF TOWN (Somerset		c. LENGTH OF STAY IN 1b	CITY OF TOWN //S	ryland tside corporate limits, write RL	IDAL and sive	orcest	er_	
	write RURAL and	f autside carparate limits, I give nearest tawn)		C. LENGTH OF STAT IN 10	C. CITT OK TOWN (IT OUT	rside carparate limits, write Kl	KAL ond give			
				L Days	Gira	letree		23		
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in	haspital, g	rive street address)	d. STREET ADDRESS			e. IS RESI	DENCE	
	McCread	y Memorial	HO SI	oltal					NO IX	
3.	NAME OF	First		Middle	Last	4. DATE Mor	ıth	Doy Ye	ar	
	DECEASED	Non	18	V.	Bowen	OF NT.	0 V •	7 19	67	
5	(Type or print) SEX _		MARRIED		. DATE OF BIRTH	9. AGE (In years	I IF UNDER 1			
3.	Male	White				Laura Schall day A	Months	Days Hours	Min.	
	a	V	VIDOWED	DIVORCED F	eb. 14,18	- 1.5.				
10	o. USUAL OCCUPATION	Give kind of work done		ND OF BUSINESS OR		3 State, ar fareign country)		ZEN OF WHAT		
au	ripe mast of warking Housewi	Te ir retired)	IN	DUSTRY	Tangier.	Virginia	U.	PINTRY?		
_	FATHER'S NAME				14. MOTHER'S MAIDEN N					
	Willi	am R. Parks			Amanda	Crockett				
10	WAS DESEASED FUE	DINILL C ADMED CODCECO	11/	SOCIAL SECURITY NO. 17. II	UFORM ANT	111	0.00			
(Y	es, na, ar unknown)	(If yes give war or dates of ser	vice)	2-56-2150Mrs	T	Add	677	36 2		
			121	Z-56-Z15UMrs	. Inez Bu	tler, Crist	ield,	Md.	7.00	
	18. CAUSE OF DE	ATH (Enter only one cause of	er line for	(a) (b) and (c))				INTERVAL BET		
	PART I. DEAT	TH WAS CAUSED BY:	Car	dis-vasca	lar Dri	ease		ONSET AND I		
	14221	DUE TO			•					
	Canditions, if any,		(2 rteriosclas	1. d. w			7		
	rise to immediat	e cause (a), (-	
	stating the under	Tring couse								
-) (c) _						100		
Z	PART II. OTHER SIG	GNIFICANT CONDITIONS CONTR	IBUTING T	TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CON	DITION GIVEN IN PART I(a)		19. WAS AUT PERFORM	OPSY IED?	
ĬĔ	N 67%								NO 🗌	
CERTIFICATION	20a. ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in F	ort I or Part II af item 18.)				
CER	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
S	20c TIME OF INII	JRY Month, Day, Yeor	20d It	NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City ar town)	(Cour	ntv)	(State)	
MEDICAL	Hour a.n	n.	While		ory, street, affice bldg., etc.)		1000		(Sidio)	
-	p.n	n. 19	at wark							
	21. I certif	y that (I) (this haspito	I) attend	ded the deceased from	, 19	9, ta	, 19	_, that (I) (we) las	
		eceased alive on 11	17/6	>/19, and that	death accurred at_	7:10M, fram causes	and on th	e date stated	above	
	22a. SIGNATURE	0	-	A	ATTENDING	MED. STAFF	22b. DA	TE SIGNED	-1-1	
		Laraby	n.1	1c1 town M.D.	. PHYS.	MED. DIRECTOR PHYS.				
	22c. PHYSICIAN'S	S. M. Pa			22d. ADDRESS					
	NAME (Type)	20 110 10	3 001	.,	Crisfi	eld, Maryls	and			
23	a. BURIAL, CREMATIC	ON. 23b. DATE THEREO	F	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or To		County) (S	state)	
T	BUT TALE Pecify	11/10/6		Sunnyridge	nem (VN)	Hopewell, S				
_			/	ADDRESS	I ac - prein				_	
1	4. JUNERAL DIRECTO	///	. ,	7.007.000		DV 14 1967	EGISTKAKS SIG	GNATURE Very		
1>	12 mes	Hunned	-	Princess An	ne Md PATE	AN TA INOL	1 man	meny year	7	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filed in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages , should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours at Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

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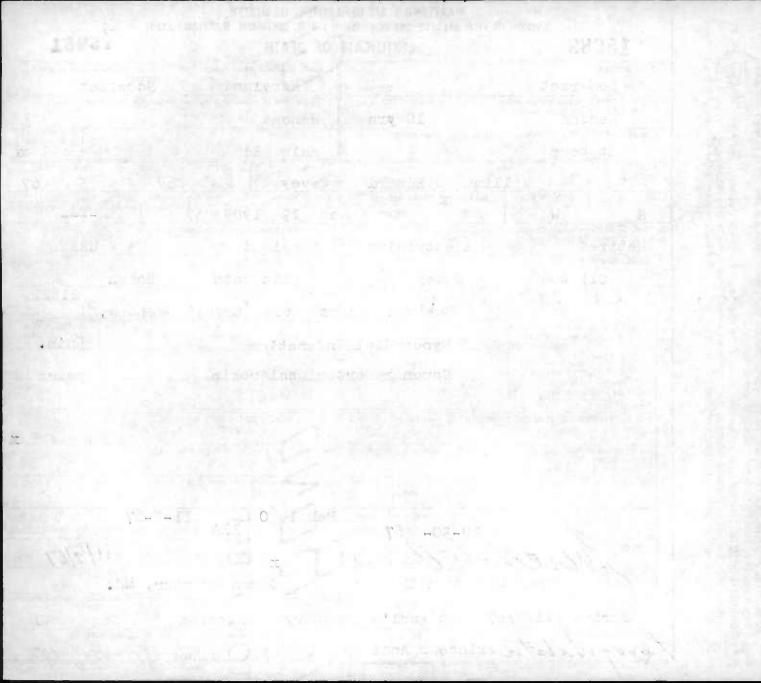
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15989

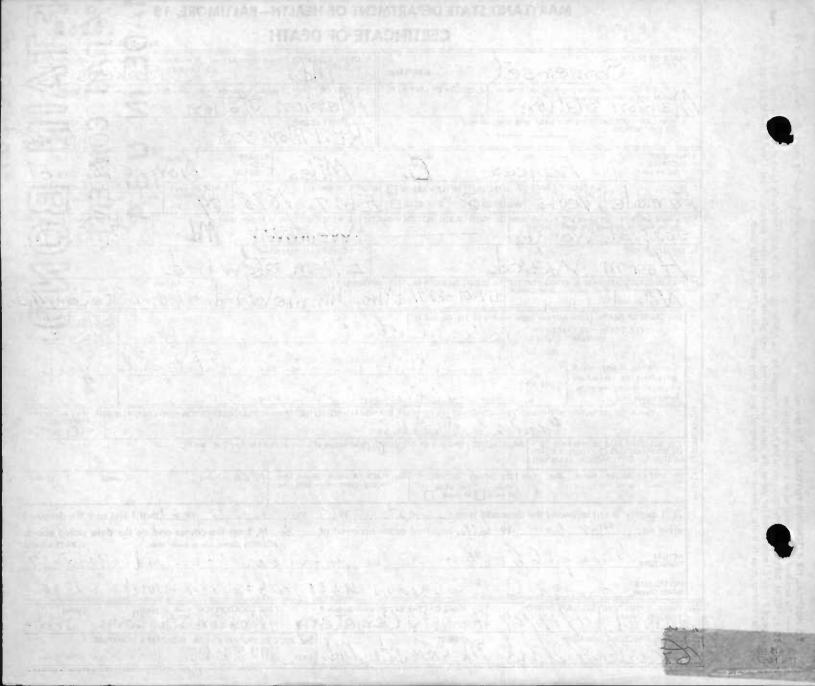
CERTIFICATE OF DEATH

15981

		20000	CERTIFICATE	OI DEATH					
	1.	PLACE OF DEATH a. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE MARYLAND MARYLAND One of the country of the countr					
		h CITY OR TOWN (If outside corporate limits	c. LENGTH OF STAY IN 16	c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA					
		write RURAL and give nearest town) Wenona	10 trs	Wenona		19/			
		d. NAME OF HOSPITAL OR INSTITUTION (If no	in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
100		At home		Main Rd		YES NOTE			
		NAME OF Fire		Last	4. DATE Mont				
		(Type or print) Wil	liam Edward	Cavey	OF DEATH NOV	5 19 67			
	S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Haurs Min			
		M W		ec 19 19	09 57 yrs.				
	10 dur	. USUAL OCCUPATION (Give kind of wark done ina most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, or fareign country)	12. CITIZEN OF WHAT COUNTRY?			
	-	ing most of working life, even if retired) Retired	Electrician	Maryland		country?			
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM					
		Clifton	Cavey	Elizab		oach			
	1S.	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknawn) (If yes give war ar dates a	service)	NFORMANT	Addre	21021			
		No	Unknown M	rs Cora	Cavey Wer	nona, Md			
		1B. CAUSE OF DEATH (Enter only one cour PART I. DEATH WAS CAUSED BY:				INTERVAL BETWEEN ONSET AND DEATH OMIN			
		4201 IMMEDIATE CAUSE		infarction_		5min.			
		Conditions, if any, which gave							
		rise to immediate cause (a),	b) Coronary art	erlosclero)S]S	years			
		stating the underlying cause	(c)						
	-		ONTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY			
2	ATIO					PERFORMED? YES NO			
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Par	rt I ar Part II af item 18.)				
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m.	20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)			
	ME	p.m. 19	at work at wark		407 7				
		21. I certify that (I) (this has	oital) attended the deceased fram	Feb 196919	, to 11-5-	67, 19, that (I) (we) I			
		saw the deceased alive on	10-30-19-67, and that	deoth occurred at_	11.AM, from couses	ond an the date stated oba			
		220. SIGNATURE	1/1//	ATTENDING ME	ED. STAFF PHYS.	22b. DATE SIGNED			
		22. DINEERIN COLL	of will a min	PHYS. DII	RECTOR PHYS.	11/7/67			
1		22c. PHYSICIAN'S Everet	t SutterMD	Dame	s Quarter,	Md.			
	23	BURIAL, CREMATION, 23b. DATE THE	REOF 23c. NAME OF CEMETERY OR C		23d. LOCATION (City or To				
	230	REMOVAL 11/7/	57 St Paul's Cer	metery	Wenona	Som MD			
	24	SUNERAL DIRECTOR	ADDRESS		1	EGISTRAR'S SIGNATURE			
	17	en on 11/0/ #	Princess Anne MD			201. 1. 11 1.00			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



15991

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15983

TOK 3					The second				E747411111		CERTIFICATION OF THE PERSON OF	. 0. 0.	4/3111		-	000	00	
HEALTH	DEPT.			LACE OF DEATH								NCE (Where d	leceased lived, if in		Residen	ce befare	odmissiar	1)
9 0 s	to the		a	. COUNTY	Somerse	et			MARYL	AND	o. STATE	arylan	đ b.	COUNTY	So	mers	set	
PEF	deo		b	. CITY OR TOWN (If	outside carparat	e limits,	2 90	c. LEN	IGTH OF STAY IN	lb			rporate limits, writ	e RURAL	ond give	neorest	town)	
ने हिंही	portment o	334		write RURAL and	Crisfie	eld	177	Ad	ult life	9	Cı	risfie	ld				19-1	
	epo		d	. NAME OF HOSPITA	L OR INSTITUTION	(If not in h	nospitał, gi	ive stre	et oddress)		d. STREET ADDRES	55 .			310	е	. IS RESIDE ON A FAI	NCE
es 1, form	ote Deportment hours after deat	77	Mc	Cready M	emorial	Hospi	tal	(Our	tpatient	(;	Ce	alvary	Road			1		NO I
ag h	400		3. N	AME OF		First			Middle		Last	4. D		Month		Day	Year	
Give de	15 =		(FCEASED Type or print)	NE	CLLIE			COLLINS		PARKS	O Di	ATH NOV	embe:	r	4	196	7
ofter dec	with th		S. S	EX	6. COLOR OR RA	CE 7. N	MARRIED :	X	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year	irs IF	UNDER 1	YEAR Days	IF UNDER :	24 H
ST O	12 ×			male	White		IDOWED		DIVORCED		Dec. 30,			rs.	dillis	Duys	nuuis	1811
hours Item Office	lond2 event		1Da.	USUAL OCCUPATION	Give kind of work	k done		ND OF E	BUSINESS OR		11. BIRTHPLACE		ign country)		12. CIT	IZEN OF	WHAT	1
	pages l			ig mast af working li USEWITE	ic, even in termed)		Но	me	100		Marylan		-		US	UNTRY?		
within pencil comine	pag in a			FATHER'S NAME							14. MOTHER'S MA							
	File			orge Col		10/76						Brit	tingham					
red in			IS. (Yes	WAS DECEASED EVER , na, ar unknown)	IN U.S. ARMED FO If yes give war ar	RCES? dates of servi	las:		SECURITY NO.	1	NFORMANT			Address				
ling edic	permit.		No						3=4050	AL	len Parks	s, Sam	e as 2. 8	apcd				
nould be executed ward "pending" i the Chief Medical	ren ren			1B. CAUSE OF DEA	ATH (Enter only a H WAS CAUSED B											INTE a.ONS	RVAL BETW	/EEN
d be	buriol-tronsit mation, or re			4201	IMMEDIATE	CAUSE (a)	Cor	on	ary oc	clui	sion					4-	5 hr	S
e should the ward to the Cl	iol-t			Conditions, if ony,	which gave	DUE TO												
sh he to t	bur			rise ta immediate	cause (a), ((b)												
ig the	os a I, cre	10		stoting the underl	ying cause	(c) _												
is certificate should be executed te, writing the ward "pending" in forworded to the Chief Medical E	used os a buriol-tronsit permit. buriol, cremation, or removol,				NIFICANT CONDIT		BUTING TO	O DEAT	H BUT NOT RELAT	FD TO T	HE TERMINAL DISEAS	SE CONDITION	GIVEN IN PART 10	0)		19.	WAS AUTOF	PSY
s ce e, w forw	used burio	3	CERTIFICATION											,		YE	PERFORMED	D?
IER: This certificate, ould be fo	r to		FICA	2Da. EXTERNAL CAL	JSE WAS		20b. DES	CRIBE I	HOW INJURY OCC	URRED. (Enter noture of inju	ry in Port 1 o	r Port II af item 15	3.)			,	
R: ortif	iles. should it, prior			PRIMARY Or CON CAUSE OF DEATH.	TRIBUTING		070											
MINER: the certif 4 should	our files. ige 3 should agent, prior		MEDICAL	2Dc. TIME OF INJU	RY Manth, Day, 1	Year	20d. IN.	JURY O	CCURRED		E OF INJURY (Home		2Df. (City ar tow	n)	(Cau	inty)	(5)	tate)
se execute the cert ctor. Page 4 should	your Page		MEC	Haur a.m		19	While at wark		lot While at wark	facto	ary, street, affice bld	3., etc.)						
ecut Pag	retained for y L DIRECTOR: Poits designoted			21. I certify	that I taak	charge af	the rem			ve, hel	d an Autapsy	, Inst	pectian X,	Inquiry	Π,	and	in my a	pin
ex or.	TO gno			death resulte		Vatural ca			Accident			icide .	Undetermine					
MEC. pleose directo	IRE desi	100		ACTUAL		Mar	1		1		CHIEF ME	DICAL EXAMIN	IER 🔲					
ple Did	its its			SIGNATURE		1	Ta	W	tes.		M.D.	T MEDICAL EX			11/	616	2. DATE S	IGN
necessary, pleo the funeral dire	5 may be retained for y TO FUNERAL DIRECTOR: PA Health or its designated	2		EXAMINER'S NAME (Type)	C. G. Re	awley,	М.	D.				MEDICAL EXAM (Street, city, t	INER (X)	Cris	fiel	d, 1	Id.	
o o	E FE		23a.	BURIAL, CREMATIO		ATE THEREOF		23c.	NAME OF CEMET	RY OR C	REMATORY	23	d. LOCATION (City	or Tawn)		(County)	(Sto	ate)
-	2			REMOVAL (Specify)	/	67	76	Su	nnyridge	e Ce			risfield	, Son	mers	et,	Md.	
Ve	A15ME (5)	R		FUNERAL DIRECTOR					ADDRESS			REC'D BY RE		b. REGIST				
	6M 1/66	00	Br	adshaw &	Sons,	risfi	eld,	Md			DAT	NOV	1967	gre	Lian	ela.	Question	199

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

24-hours after death

MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF CERTIFICATE OF DEATH 15984

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)						
a. CDUNTY SOMERSET MARYLAND	MARVIAND SOMERSET						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town)	FAIRMOUNT PAI						
111111111111111111111111111111111111111	d, STREET ADDRESS e. IS RESIDENCE						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?						
	YES NO						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) FLOSSIE P. RIC	CHARDS DEATH NOV.8 1967						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Jast birthday) Months Days Hours Min.						
FEMALE WHITE WIDOWED A DIVORCED J	FULY 3.1882 85 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Cive kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
during most of working life, even If retired) AT HOME	FAIRMOUNT, MD. U.S.A.						
13. FATHER'S NAME	14. MDTHER'S MAIDEN NAME						
JAMES HEWITT	ELIZABETH HEWITT						
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address						
(Yes, no, or unkown) (If yes give war or dates of service)	RUSSELL RICHARDS FAIRMOUNT, MD.						
PART 1. DEATH WAS CAUSED BY:	y artes seles ocate De & HA ONSET AND DEATH						
IMMEDIATE CAUSE (a) Coroney Com	y artes cast ocat oc 6 mg						
DUE TO	MI a tuille						
Conditions, If any, which gave rise to immediate (b) Chica Suggestion	while ser life!						
cause (a) stating the DUE TD							
underlying cause last. (c) Jenne artes	Schwir						
PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DEACH BUT NOT RELA 20b. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20b. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH CONTRIBUTING TO DEATH BUT NOT RELA 20b. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH CONTRIBUTING TO DEATH BUT NOT RELA 20b. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20c. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20c. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20c. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELA 20c. DESCRIBE HOW INJURY OCCU BY OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTI	YES NO						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)						
B DR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN							
While Mot while	ry, street, office bldg., etc.)						
	20 40 4 10 11 18 (C/10/2 Abot 11) (up) look						
21. I certify that (I) (this hospital) attended the deceased from the	19 to 19 (1) that (1) (we) last						
saw the deceased alive on 11 1947, and that	death occurred at 6 30 M, from the causes and on the date stated above.						
A L L R - 12	ATTENDING MED. STAFF						
22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS. 1						
NAME (Type) M2 on 92 C. Coulbear 2	Marion ma						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	201 %						
==REMOVAL (Specify)	CEMETERY FAIRMOUNT, MD.						
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE						
LEVIN R. WILSON PRINCESS ANNE, MD	- 1007 Wildering Jamana						
THE TIE WILDOW INTROCESS ANNE, MID	. DATE NOV 1 3 1967						

VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DIACE OF DEATH I 2 HEHAL DESIDENCE AMbee deserred lived if institution, Posidence before

		o. COUNTY		o. STATE	b. COUNTY	termence before outrission)
9		SOMEISEI	MARYLAND	1110	ب	OMEYSEI
3		 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 	c. LENGTH OF STAY IN 16	1 1	de corporote limits, write RURAL o	nd give neorest town)
		Cristield	LIFE	Cristi	Eld Md	19-1
	(. NAME OF HOSPITAL OR INSTITUTION (If not in h	nospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
9		MCCEACLY HOS	PITAL (DOA)	K1-1		YES NO Z
		NAME OF First	Middle	lost,)	4. DATE Month	Doy Year
		Type or print)	IE M. S	IETING	OF DEATH	12 1967
	5. 5	100		B. DATE OF BIRTH		JNDER 1 YEAR IF UNDER 24 FIRS.
		, ,,,,,	IDOWED DIVORCED	SEP1. 11, 189	7 68 yrs.	
		USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY	Cristiel	d Md.	12. COUNTRY? COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME /	
			UTNE	E-1/A /	111	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serv	ice)	NFORMANT / //	Address Address	T 1/2/11
	_	no	217-03-1486)	AMUEL 17. L	UILIAMS - Cr	istiEldilla.
		 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 		- 1 - 1 - 2 - 2 2 - 2	a -	INTERVAL BETWEEN ONSET AND DEATH
9		MMEDIATE CAUSE (o)	SHOCK & FIF	MORRHAG	75	FEW MIK
		DUE TO	1		en i i anno	FEMILL
		conditions, if ony, which gove isse to immediate couse (a),	JULTIPLE FRAC	TURES	NTERAL LAJ	IRICS
A		stoting the underlying couse DUE 10				
		lost. (c)				
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COND	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	F	2Da. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Pa	rt I or Port II of item 18.)	
		PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	VIOLENTLY :	STRUCK Z	BY AUTO	
	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form, ory, street, office bldg., etc.)	2Df. (City or town)	(County) (Stote)
9	ME	6.45 p.m. 11-12 1967		TREET	CRISFIELD, SO,	MERSET MA
,		21. I certify that I taak charge af	the remains described abave, hel	ld an Autapsy 🔲 ,	Inspection 🔀 Inquiry	, and in my apinion
		death resulted from: Natural ca	uses 🔲 , Accident 🔀 , Suici	ide 🔲, Hamicide [, Undetermined manne	er 🗌
		ACTUAL A		CHIEF MEDICAL EX		22. DATE SIGNED
		SIGNATURE	an, m. J.	M.D. ASSISTANT MEDICA	AL EXAMINER [CRIST)	ELD 11/
		EXAMINER'S A. H. B.	ARR, M.D.	DEPUTY MEDICAL Address (Street, o	ity, town, or county)	RSET 114/67
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF COMETERY OR (CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)

25b. REGISTRAR'S SIGNATURE

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with-focm Health or its designated agent, priar to burial, crematian, ar remayal, and TO FUNERAL DIRECTOR: Page 3 shauld be used as 5 may be retained far yaur files. VR A15ME

24. FUNERAL DIRECTOR

FOR STATE HEALTH DEPT.

delay

in pencil in Item 18. Give Pages 1

This certificate shauld be executed within 24 hours after death.

pending"

necessary, please execute the certificate, writing the ward

CAL EXAMINER:

TO DEPUTY MEDI

in any event within 12 hours after death

State Department.o

pages land 2 with the

File

a burial-transit permit.

Brown and a street and the f THE SECOND STREET SHOULD VEHICLE TO BE TO SECOND SINCE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

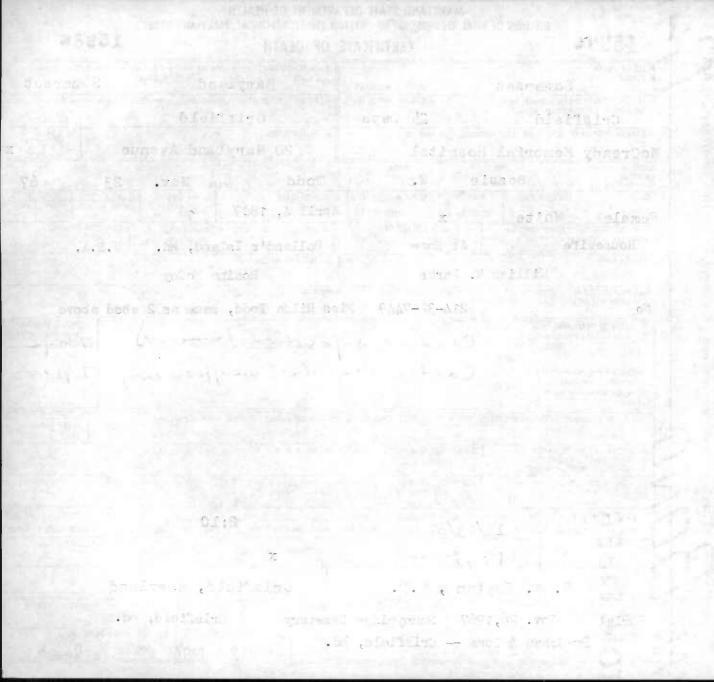
15994

CERTIFICATE OF DEATH

15986

	7000.	4		CEKTIFIC	AIL	OF DEATH							
(PLACE OF DEATH o. COUNTY Somerset			MARYLA	√D	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Somerset							
	b. CITY OR TOWN (If write RURAL and a Cris	outside corporote limits, give nearest town) field	1,2	c LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give					a neorest town)		
(OR INSTITUTION (If not in ho	spitol, gi	ve street oddress)		d. STREET ADDRESS						e. IS RESIDENCE ON A FARM?	
M	Cready	Memorial H	osp	pital		20 Maryl and Avenue				ue	YES NO X		
	NAME OF DECEASED (Type or print)	First Be ssi	е	Middle W •		Todd	4. DATE OF DEAT	3.7	Mant	h 23	Doy		67
S. :	Sex Temale		ARRIED [April 4,	1889	9. AGE (lost b	In years pirthdoy) yrs.	Months Months	1 YEAR Doys	Hours	R 24 HRS. Min.
100	Do. USUAL OCCUPATION (Give kind of work done uring most of working like even if retired) HOUSEWITE 10b. KIND OF BUSINESS OR INDUSTRY At Home					11. BIRTHPLACE (County & Stote, or foreign country) Holland's Island, Md. 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13.	FATHER'S NAME	William V	V. Pa	arks		14. MOTHER'S MAID							
15. (Ye	WAS DECEASED EVER es, no, or unknown) (I	IN U.S. ARMED FORCES? f yes give wor or dotes of service	(e) 16. So	OCIAL SECURITY NO.		NFORMANT ss Hilda '	Todd. s	ame	Addre as 2		a bo	ve	
	4201 Conditions, if ony, v rise to immediate stating the underly lost.	couse (o), ring couse (c)	Ca			Cular				.,1	7	SET AND	-tu
CERTIFICATION		NIFICANT CONDITIONS CONTRIB										WAS AUT PERFORM	NO D
	20o. ACCIDENT WAS U OR CONTRIBUTING ((IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter noture of injury	y in Port I or Po	ort II of i	tem 18.)				
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While Not While of work of						unty)		(Stote)				
		that (I) (this hospital) eosed olive on 17/	attend	ed the deceased fro	m_ thot	deoth occurred	ot_2;1	M, fron	r causes			1 / 1	(we) las d abave
	22o. SIGNATURE	S. M. P.	7t	en	M.D	711101	MED. DIRECTOR		TAFF C	22b. D	ATE SIGN	ED	
	22c. PHYSICIAN'S NAME (Type)	S. M. Peyt	ton	m M.D.		22d. ADDRESS Cri	sfiel						
230	BURIAL, CREMATION	Nov. 26,19	967	23c. NAME OF CEMETER Sunnyridg					(City or To		(County) (Stote)
24	. FUNERAL DIRECTOR	radshaw & Son	ns -	- Crisfield	, M	1.	REC'D BY REGIS	TRAR		GISTRAR'S			2

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the fundirector, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after. Page 4 moy be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67



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VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15995

CERTIFICATE OF DEATH

15987

H	PLACE OF DEATH O. COUNTY	Somerset		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY Somerset							
	h CITY OF TOWN	(If outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b		itside corporate limits, write RURAL and g						
	write RURAL on	nd give negrest town)	1 Day		arion Station	1 9 - 1					
		TAL OR INSTITUTION (If not in hospital, a		d. STREET ADDRESS e. IS RESIDENCE							
7		dy Memorial Hos		RT #	1 Box 303	ON A FARM? YES NO					
1	3. NAME OF	First	Middle	Lost	4. DATE Month						
	(Type or print)	Willie	C	Ward	OF NOV.	27 19 67					
	s. sex Male	6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	DATE OF BIRTH 10/1893	9. AGE (In yeors IF UNDE Months yrs.	R I YEAR IF UNDER 24 HRS. Doys Hours Min.					
h	10o. USUAL OCCUPATIO	N (Give kind of work done 10b. KI	ND OF BUSINESS OR DUSTRY	11, BIRTHPLACE (County Marion Sta	& State, or foreign country) 12.	COUNTRY? 11,5,4					
	13. FATHER NAME	\.//		14 MOTHER'S MAIDEN		U Oill'					
	10 WAS DESTACED DV	THE PARTY CODOCCO	SOCIAL SECURITY NO. 17, 1	NFORMANT	Address	. 210					
ij	(Yes, no, or unknown)	(If yes give wor or dotes of service)	403-7597 MI	5. Minnie	Ward-Marions	Tz, MJ 2038					
Я	18. CAUSE OF D	DEATH (Enter only one couse per line for ATH WAS CAUSED BY:		1.10	0	INTERVAL BETWEEN ONSET AND DEATH					
	4221	1422/ IMMEDIATE CAUSE (a) Wilmer Colore Colo									
h	Conditions, if on	(Conditions, if ony, which gove) (1) (limite Out rubulas Chima Ming Acts									
	rise to immediate couse (a), stoting the underlying couse										
ò	lost. (c) Jenus arter Florons										
7	PART II. OTHER S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?									
3	CATIC	Terus Subility YES NO									
	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	Port I or Port II of item 18.)									
4	7	JURY Month, Doy, Yeor 20d. In While	Not While foct	CE OF INJURY (Home, formory, street, office bldg., etc.)		County) (Stote)					
H	21. I cert	21. I certify that (I) (this haspital) attended the deceased fram 6 27 15 , 19 1 10 17 27 , 19 4 that (I) (we) last saw the deceased glive an 19 19 19 19 19 19 19 19 19 19 19 19 19									
	220. SIGNATURE	A mulhous	m5 M.C	ATTENDING		DATE SIGNED					
	22c. PHYSICIAN'S	J. Ogracova a.		22d. ADDRESS							
1	NAME (Type	G. C. Coulbo			Crisfield, Md.)					
0	230. BURIAL, CREMATI BELLIA		23c. NAME OF COMETERY OR	EREMATORT	Marion Stan Mo	(County) (State)					
1	24. EUNERAL DIRECT	OR 4/11-1-	WANDERSS STA	Md 250. REC'I	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE					
	10 10 MINO 1100	111 14 4 1 1 1 1 1 1 1 1 1 1	BANDAR ALAN	A CONTRACT L	1 1701 1 20000	AND MOVEMENT OF THE PARTY OF TH					

